

## Exhibit H

Feb 26 10 10:17a

p.1

Clark County Clerk's Office  
 200 Lewis Avenue, 5th Floor  
 P. O. Box 551601  
 Las Vegas, NV 89155-1601  
 702-671-0500

Diana Alba

COUNTY CLERK

Receipt for Services

Cashier LEONRO

Batch # 517324

Date: 01/29/2010 Time: 02:46:55PM

Customer Name XA, EXPERIENTIAL AGENCY, INC

Date	Document Number	Document Type	Amount	Pg/Amnt
1/29/2010 2:46:55PM	2010012910001561-0	FFN		1
Party 1: XA, SCENES		Party 2: XA, EXPERIENTIAL AGENCY, INC		
		FFN	Total:	20.00
		Fee Total:		20.00
CHECK	17436484675	Money Order		20.00
Payment Total:				20.00

Feb 26 10 10:18a

p.2

**Certificate of Business: Fictitious Firm Name**

Please Select One:

- ☐ New Application  
☐ Renewal of existing name

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that XA, Experiential Agency, Inc.

(Name of individual, corporation, partnership or trust)

with mailing address of 5601 Biscayne Blvd, Miami, FL, 33137

(Mailing Address for notification of renewal) (Street)

(City)

(State)

(Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of  
XA, Scenes.

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) James Earis President

Full Name and title (Type or Print)

5601 Biscayne Blvd

Street Address of Business or Residence

Signature

[Signature] 1/25/10

Date

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

Mail to: Diana Alba, County Clerk, Attn: FFN, P.O. Box 551604, Las Vegas, NV 89155-1604  
 Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a self-addressed envelope.

Diana Alba, County Clerk  
 01/29/2010 02:46:55 PM





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p.3

**Certificate of Business: Fictitious Firm Name**

Please Select One:

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(Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of  
XA, Scenes.

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) James Ennis

*President**[Signature]* *1/25/10*

Full Name and title (Type or Print)

Signature

Date

5601 Biscayne Blvd

Miami FL 33137

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

Mail to: Diana Alba, County Clerk, Attn. FEN, P.O. Box 551604, L  
 Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a self

Diana Alba, County Clerk  
 01/29/2010 02:46:55 PM



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